PTO/SBIGS (03-03)
Approved for use through 7/31/2005, Oxf8 0551-0002
U.S. Patient and Tradement Officer; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless is distributed.

PATENT APPLICATION FEE DETERMINATION RECORD Application of Control Burder PATENT APPLICATION FEE DETERMINATION RECORD											665	7
CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY												
(Column 1)				(Column 2)				1			-	
FOR NUMBER FRED BASIC FEE			NARABE	A EXTRA		RATE	FEE	ł	RATE	FE	-	
(37 CFR 1.15(a))								3	OR		-	\dashv
	L CLAIMS FR 1,16(d)	13	minus 20	<u>· · </u>		l	×1		OR	× 5=	 	
DYDEPCHOENT CLASS 2 minus 3 = .						x 3 •		CR	×1			
MOLTIPLE DEPENDENT CLASH PRESENT (37 CFR 1.18(4))							+8=		OR	+3		_[
. 4.0	e cittlerence in c	otumn 1 is less the	n zero, eni	ter "()" in column :		TOTAL		OR.	TOTAL			
of the difference in column 1 is less than zero, enter to in column 2. TOTAL OR TOTAL												
المالية									OR		RTHAN	
4	18/05	(Column 1)		(Column 2)	(Column 3)	1	SMALL	ENTITY	1	SMALL		
NTA		CLAINS REMAINING AFTER ALZENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADI TION FE	WL
¥	Total prostumen	13	Minus	"ΩΩ		1	×		- OK	X1		
ENDMENT	Independent or ora tutpo	. 2	Minus	2	•	1	x 5 0		OR	x s		
M	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))					1	+5		OR	+5		
							TOTAL ADOL FEE		05.	TOTAL ADOL FEE		
15 000 000							ADD 1766	L	_			
10	·26·05	(Cotumn 1)		(Column 2) HIGHEST	(Column 3)	1			1		T	
8		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT	۱	RATE	ADDI- TIONAL		RATE	TIO	WL .
		AMENDMENT		PAID FOR	-	┨	 	FEE	1		F	EE.
Š	COLOUR FINISHE	13	Minus	20		1	xs•	┡╌┼╌╾	OR	× 5	}	$\vdash \vdash \vdash$
AMENDMENT	independent as arm usaap	. 2	Minus	-3	<u> • - </u>	ļ	X 5/a	 ↓	OR	x 3	ļ	
₹	FREST PRESENTATION: OF MULTIPLE DEPENDENT CLASS (G7 CFR 1.14(d))					j	+5 =	اغذ	OK	+5 0	<u> </u>	1
							TOTAL ADD'L FEE	V	OR	TOTAL ADO'L FEE		
												l
 		(Column 1)		(Column 2) HIGHEST	T	1		ADDI	7	RATE	A.	10t
S		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL	1		. 110	MAL EE
MENT	Total crom Lang	13	Minus	- 20	•		×326 =	1	OR	x = SQ =	 	\searrow \downarrow
	Independent Or CFR L14049	. 2	Minus	- 3	*]	× 2/5/2 =		OR	2 520Da	 _	
₹	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.58(d))						+8 -	5	OR.	+3	\bot	
TOTAL ADOLESE OR ADOLESE											L)
	• If the entry in	column 1 is less th Number Previous	an the ent	y in column 2, w	for "O" in column	n 3				•		
-	" If the Trighesi " If the Trighesi	Number Previous Number Previously Surrber Previously	ty Paid For ly Paid For	PHITHS SPACE	to the street of	w, 4	ner er e lar 3. december bestel	a the entered	tate hox in	cotumn 1.		']
1	The State of B	A makes Deserterable	Detri For	(Tabil or Indepen	(Gent) is the big		H LIPCOCK STATES IN	And Straight				t free fire

The Trighest Number Previously Pate For 1 (call or streepments) is the segment remains the appropriate by the public which is to like (and by the This collection of Information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to like (and by the USFTO to process) in application. Confidentiately is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USFTO. There will vary depending upon the individual cases. Any comments including gathering, preparing, and submitting the complete this form suggestions for reducing this burden, about to the Crief Information Officer, U.S. Patent on the embed of time your equire to complete this form suggestions for reducing this burden, should be sent to the Crief Information Officer, U.S. Patent and Trackenskit Officer, U.S. Oppariment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SERD TO: Commissioner for Patentia, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-400-PTO-9199 and select option 2.

. . . .